



## **No Child Left Behind Act (NCLB)**

***FY 2003 Final Report/  
Carry-Over Application  
FORMS***



New Jersey Department of Education  
**No Child Left Behind (NCLB)**  
**LEA Consolidated Formula Subgrant**  
 Fiscal Year 2003

**SUBMIT TO COUNTY  
 OFFICE OF  
 EDUCATION ONLY**

***Final Report/Carry-Over Application***  
***Title Page***

Date received by the  
 county office \_\_\_\_\_

<input type="checkbox"/> Individual LEA Applicant	<input type="checkbox"/> Consortium Applicant
<input type="checkbox"/> Final Report for FY 2003	<b>Project Code: NCLB _____ - 03</b>
<input type="checkbox"/> Carry-Over Application for FY 2004	<b>Project Period: 9/1/2002 to 8/31/2003</b>

1. LEA:	2. County:
3. Project Director:	3a. Tel. #: _____
	3b. FAX #: _____ Email: _____
4. Address:	

NCLB PROGRAMS	5. Approved Amount	6. Expended Amount	7. Unexpended Balance	8. Proposed Carry-Over (FY 2003 funds only)	9. Amount Being Returned to NJDOE
TITLE I -A	\$	\$	\$	\$	\$
TITLE I - SIA	\$	\$	\$	\$	\$
TITLE II - A	\$	\$	\$	\$	\$
TITLE II - D	\$	\$	\$	\$	\$
TITLE III	\$	\$	\$	\$	\$
TITLE IV	\$	\$	\$	\$	\$
TITLE V	\$	\$	\$	\$	\$
TITLE VI	\$	\$	\$	\$	\$
<b>10. TOTALS:</b>	\$	\$	\$	\$	\$

11. Reason Funds Were Not Expended During the Project Period: (Attach additional sheets, if necessary.)
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12. Board Secretary/Business Administrator (Signature): _____	Board Approval Date (carry-over only): _____
13. Approved by Chief School Administrator (Signature): _____	Date: _____

<b>CONSORTIUM APPLICANTS APPLYING FOR CARRY-OVER MUST CHECK OFF BELOW</b>
14. <input type="checkbox"/> As the applicant agency for the consortium, I certify that all participating LEAs are in agreement with this Carry-Over Application.

COUNTY/SEA USE ONLY FOR FINAL REPORT AND/OR CARRY-OVER APPLICATION APPROVAL			
County Office	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	ES Signature: _____	Date: _____
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	BA Signature: _____	Date: _____
OGM	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature: _____	Date: _____
COPY DISTRIBUTION:      County Office      Chief School Administrator			



New Jersey Department of Education  
**No Child Left Behind Act (NCLB)**  
**LEA Consolidated Formula Subgrant**  
 Fiscal Year 2003

***Final Report Budget Summary-Expenditures***

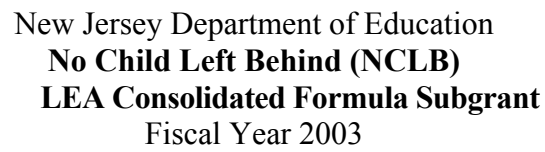
LEA: \_\_\_\_\_ COUNTY: \_\_\_\_\_ PROJECT CODE: NCLB \_\_\_\_\_-03

EXPENDITURE CATEGORY	FUNC. & OBJECT CODES	FUNDING SOURCES								
		TITLE I	TITLE I SIA	TITLE II PART A	TITLE II PART D	TITLE III	TITLE IV	TITLE V	TITLE VI	Non-Abbott SCHOOLWIDE
<b>INSTRUCTION</b>										
Personal Services - Salaries	100-100									
Purchased Prof. & Tech. Serv.	100-300									
Other Purchased Services	100-500									
General Supplies	100-600									
Other Objects	100-800									
<b>SUPPORT SERVICES</b>										
Personal Services - Salaries	200-100									
Personal Services – Employee Benefits	200-200									
Purchased Prof. & Tech. Serv.	200-300									
<i>Purchased Prof. – Ed. Serv.</i>	200-320									
Purchased Property Services	200-400									
Other Purchased Services	200-500									
<b>Travel</b>	200-580									
Supplies and Materials	200-600									
Other Objects	200-800									
<b>Indirect Costs</b>	200-860									
<b>FAC ACQ &amp; CONSTRUCTION</b>										
Buildings	400-720									
Instructional Equipment	400-731									
Noninstructional Equipment	400-732									
<b>SCHOOLWIDE</b>										
Schoolwide Programs: Abbott	520-930									
<b>Grand Totals</b>										

\_\_\_\_\_  
 LEA Business Administrator Name

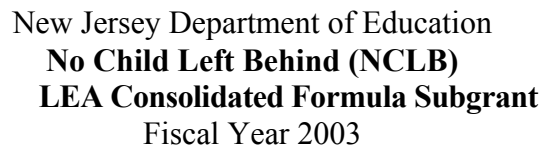
\_\_\_\_\_  
 LEA Business Administrator Signature

\_\_\_\_\_  
 Date



LEA: \_\_\_\_\_ COUNTY: \_\_\_\_\_ PROJECT CODE: NCLB \_\_\_\_ - 03  
TPAF/FICA: 7.65% minimum

LEA Business Administrator Name	LEA Business Administrator Signature	Date
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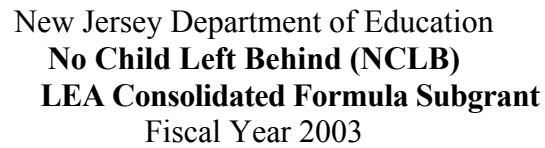


LEA: \_\_\_\_\_ COUNTY: \_\_\_\_\_ PROJECT CODE: NCLB \_\_\_\_ - 03  
TPAF/FICA: 7.65% MINIMUM

LEA Business Administrator Name

4





**LEA:** \_\_\_\_\_

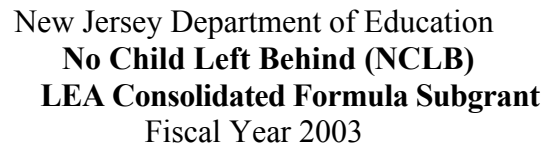
**COUNTY:** \_\_\_\_\_

**PROJECT CODE: NCLB** \_\_\_\_\_ **- 03**

**PROJECT PERIOD 9/1/02 TO 8/31/03**

LEA Business Administrator Signature: \_\_\_\_\_

6



**LEA:** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_

**PROJECT CODE: NCLB** \_\_\_\_\_ **- 03**

**Carry-Over Project Period 9/1/03-8/31/04**LEA Business Administrator Name

LEA Business Administrator Signature

Date \_\_\_\_\_





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**CARRY-OVER FLEXIBILITY PROVISIONS -Proposed**

**LOCAL TRANSFERABILITY AND REAP ALTERNATIVE USE OF FUNDS**

\* LEAs may transfer funds for alternative uses as indicated in items A1 and 2, B3 above. Continue to account for funds in the original Title.

**A. LOCAL TRANSFERABILITY**

1. Transfers for LEAs that are not in Title I corrective action or Title I school improvement (50% limit)							2. Transfers for LEAs that are in Title I school improvement (30% limit)		
Funds Available for Transfer	Amount to be Transferred Out of Each Program	Amount to be Transferred Into Each Program					Funds Available for Transfer	Amount to be Transferred Out of Each Program	Program Funds Are to be Transferred To:
		Title I	Title II-A	Title II-D	Title IV	Title V			
Title II-A							Title II-A		Funds may only be used for school improvement activities under sections 1003 and 1116(c).
Title II-D							Title II-D		
Title IV							Title IV		
Title V							Title V		

**▼ REAP APPLICANTS ONLY ▼**

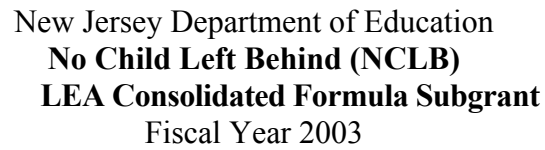
**B. RURAL EDUCATION ACHIEVEMENT PROGRAM (REAP) ALTERNATIVE USES OF FUNDS AUTHORITY**

<b>1. Eligibility for REAP Alternative Uses of Funds Authority</b> _____ Average Daily Attendance (Must be <600 determined from beginning day of school until December 1 of 2001 <p style="text-align: center;">OR</p> _____ County Population Density (Must be < 10 persons per square mile) <p style="text-align: center;">AND</p> _____ School Locale Code (Must be 7 or 8 for every school in the district) School Locale codes are available at <a href="http://www.nces.ed.gov/ccdweb/school/">http://www.nces.ed.gov/ccdweb/school/</a> .		<b>2. Deadline for applying</b> LEAs must notify NJDOE of their intent to participate at the time of application or by August 1, 2002, whichever is earlier.
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**3. The LEA will combine funds from one or more of the following grants for REAP.**

Funds Available for Transfer	Amount to be Transferred Out of Each Program	Amount to be Transferred Into Each Program						
		Title I Part A	Title II-A	Title II-D	Title III	Title IV	Title IV	Title V
Title II-A								
Title II-D								
Title IV								
Title V								





**LEA:** \_\_\_\_\_  
**TPAF/FICA: 15% minimum**

**PROJECT CODE: NCLB** \_\_\_\_\_ **- 03**

FUNCTION & OBJECT CODE	DESCRIPTION/ ITEMIZATION	FUNDING SOURCE							
		TITLE I  5% Max	TITLE II-A  5% Max	TITLE II-D  5% Max	TITLE III  2% Max	TITLE IV  2% Max	TITLE V  5% Max	TITLE VI  5% Max	Non-Abbott School-wide
	SUBTOTAL								
	GRAND TOTAL (final page only)								

LEA Business Administrator Signature



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 Fiscal Year 2003

***Carry Over Application Budget Summary – Proposed***

LEA: \_\_\_\_\_ COUNTY: \_\_\_\_\_ PROJECT CODE: NCLB \_\_\_\_\_-03  
 CARRY OVER PROJECT PERIOD 9/1/03 TO 8/31/04

EXPENDITURE CATEGORY	FUNC. & OBJECT CODES	FUNDING SOURCES								
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<b>INSTRUCTION</b>										
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Instructional Equipment	400-731									
Noninstructional Equipment	400-732									
<b>SCHOOLWIDE</b>										
Schoolwide Programs: Abbott	520-930									
<b>TOTAL PROPOSED COSTS</b>										

\_\_\_\_\_  
 LEA Business Administrator Name

\_\_\_\_\_  
 LEA Business Administrator Signature

\_\_\_\_\_  
 Date